

Division of Licensing and Protection

103 South Main Street

Waterbury, VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

February 19, 2015

Susanne Shapiro, Administrator  
West River Valley Assisted Living Residence  
Po Box 341  
Townshend, VT 05353-0341

Dear Ms. Shapiro:

The Division of Licensing and Protection conducted an onsite complaint investigation on **February 17, 2015**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **February 17, 2015** and there were no regulatory violations related to the complaint allegations.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/17/2015</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

**WEST RIVER VALLEY ASSISTED LIVING RESII**

STREET ADDRESS, CITY, STATE, ZIP CODE

**PO BOX 341  
TOWNSHEND, VT 05353**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 001	<p>VI Initial Comments</p> <p>An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 2/17/2015. There were no findings.</p>	A 001		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE